Prisons & Probation Ombudsman
Independent Investigations

Independent investigation into the death of Mr Colin Bell, a prisoner at HMP Stafford, on 10 March 2024

A report by the Prisons and Probation Ombudsman

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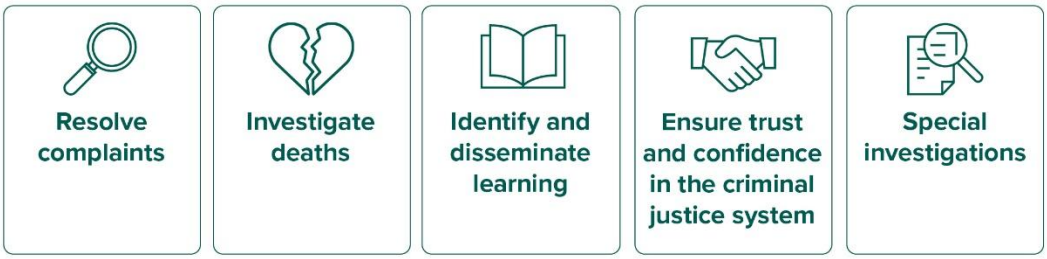
OUR VISION

To deliver high quality and timely independent investigations and work closely with partners to achieve tangible benefits for the safety and confidence of those in custody and under community supervision.

WHAT WE DO



WHAT WE VALUE

Summary

1. The Prisons and Probation Ombudsman aims to make a significant contribution to safer, fairer custody and community supervision. One of the most important ways in which we work towards that aim is by carrying out independent investigations into deaths, due to any cause, of prisoners, young people in detention, residents of approved premises and detainees in immigration centres.

2. If my office is to best assist His Majesty's Prison and Probation Service (HMPPS) in ensuring the standard of care received by those within service remit is appropriate, our recommendations should be focused, evidenced and viable. This is especially the case if there is evidence of systemic failure.

3. Mr Colin Bell died of cancer of the oesophagus, with type 2 diabetes a contributory factor, on 10 March 2024, while a prisoner at HMP Stafford. He was 70 years old. We offer our condolences to Mr Bell's family and friends.

4. The clinical reviewer concluded that the clinical care Mr Bell received at Stafford was of a good standard and equivalent to that which he could have expected to receive in the community. She found that Mr Bell was included and supported well in all decision-making processes associated with his health and social care, ensuring his best interests were maintained by the prison healthcare and community palliative care teams who worked collaboratively.

5. Around two months before he died, Mr Bell was restrained when transferred to hospital in an emergency, against the recommendation of a senior nurse and without due consideration for his age and health.

6. Prison staff submitted an application for early release on compassionate grounds. They requested a supporting letter from a hospital consultant, but this was not produced for over three weeks before Mr Bell died and there is no evidence that anyone chased the consultant for it.

Recommendations

- The Head of Healthcare should discuss with Royal Stoke University Hospital the process for obtaining consultant letters in support of applications for early release on compassionate grounds, to ensure that the necessary evidence is obtained as quickly as possible.

The Investigation Process

7. We were informed of Mr Bell's death on 10 March 2024.

8. NHS England commissioned an independent clinical reviewer to review Mr Bell's clinical care at HMP Stafford.

9. The PPO investigator investigated the non-clinical issues relating to Mr Bell's care.

10. The Ombudsman's office wrote to Mr Bell's next of kin to explain the investigation and to ask if he had any matters he wanted us to consider. He did not respond.

11. We shared the initial report with HM Prison and Probation Service (HMPPS). They identified two factual inaccuracies, which we have amended in this final report. Following discussion with HMPPS, and consideration of national work being undertaken regarding escort risk assessments and the use of restraints, we removed a recommendation from the initial report and have, instead, reflected this national work.

Previous deaths at HMP Stafford

12. Mr Bell was the 25th prisoner to die at Stafford since March 2021. Of the previous deaths, 21 were from natural causes and three were self-inflicted. Our investigations into the deaths of prisoners in May 2023 and July 2023 found that their age and medical conditions were not properly considered when determining the use of restraints on hospital escorts. Our investigation into the second of these deaths also identified that there were delays in progressing the prisoner's application for early release on compassionate grounds, but for quite different reasons than in this investigation.

Key Events

13. On 28 April 2016, Mr Colin Bell was convicted of sex offences and was sentenced to 18 years in prison. He was sent to HMP Hull.

14. From June 2016 to April 2021, Mr Bell was transferred to different prisons to continue his sentence.

15. On 7 April 2021, Mr Bell was transferred to HMP Stafford. At the time, he already had a number of health issues, including gout (type of arthritis that causes sudden, severe joint pain) and cholecystitis (inflammation of the gallbladder).

16. In June 2023, Mr Bell saw a doctor at Stafford, with a three-week history of painful swallowing. He was quickly referred to the upper gastrointestinal team who arranged an endoscopy examination. This indicated the presence of cancer within his oesophagus, and, on 29 June, biopsies confirmed the cancer diagnosis and that it was at an advanced stage. Mr Bell was offered palliative chemotherapy treatment to manage the symptoms of his advancing disease.

17. On 15 June, Mr Bell was diagnosed with Type 2 Diabetes.

18. On 25 August, Mr Bell commenced palliative chemotherapy treatment and symptom management. He was fully assessed by prison healthcare staff and care plans were created to cover Mr Bell's mobility, nutrition, pain, skin integrity and personal activities of daily living. Mr Bell was referred to the palliative community team who were now involved with his care.

19. Throughout the remainder of the year, Mr Bell continued receiving chemotherapy treatment in hospital for oesophageal cancer.

20. On 15 January 2024, healthcare staff asked prison staff to start an application for early release on compassionate grounds (ERCG) for Mr Bell. It was sent to Mr Bell's community offender manager (COM), prison offender manager (POM) and GP in the prison.

21. On 16 January, healthcare staff identified that Mr Bell had deteriorated and there was the possibility of an underlying infection. Staff agreed he should be referred to hospital for assessment. Before being transferred to hospital, prison and healthcare staff completed an escort risk assessment. Although an 'enhanced' prisoner who had few incidents of note during his eight years in prison, Mr Bell was considered to be a medium risk to the public and hospital staff, and a medium risk of escape. A nurse team leader completed the healthcare section of the risk assessment and objected to the use of restraints because Mr Bell was required to wear a sling for his fractured arm (which had occurred following an accident in his cell in December). Despite this, and Mr Bell's age and poor health, an operational manager approved that he be restrained by escort chain (a long chain with a handcuff at either end, one attached to the prisoner's wrist and the other to an officer). The following day, an operational manager approved removal of Mr Bell's restraints due to poor health and ongoing medical treatment. The medical records said Mr Bell was reviewed by the palliative care team and that gastric cancer was now presenting in Mr Bell's spine and arm.

22. On 23 January, Mr Bell was returned to prison where he continued to be cared for by healthcare staff.

23. On 5 February, Mr Bell fell in his cell and was found by healthcare staff sitting on the floor with his back against a cupboard. Staff helped Mr Bell back on to his bed and then checked him over. Healthcare staff reported that Mr Bell had no injuries.

24. On 12 February, healthcare staff recorded that Mr Bell was noticeably deteriorating. Healthcare staff agreed to move him to the palliative suite with a specialised bed and all equipment to help with his mobility and safety. A wrist alarm was in place and Mr Bell was advised to ask for assistance when he needed it. Healthcare staff provided increased pain relief and bowel management for Mr Bell.

25. On 13 February, Mr Bell's ERCG application was forwarded to the Public Protection Casework Section (PPCS) for a decision on its suitability. A PPCS caseworker replied on the same day, requesting an updated prognosis from the hospital consultant as well as details of Mr Bell's diagnosis, capacity and treatment plan.

26. On 14 February, a Business Services Manager in healthcare replied that she had requested the required information from the consultant.

27. On 16 February, Mr Bell's health further deteriorated, and an open-door policy was put in place. There was an increased risk of Mr Bell falling and his needs were to be supported by two healthcare staff. On 20 February, healthcare staff recorded that Mr Bell's health was now rapidly declining. He was no longer independent, and his pain was increasing.

28. On 4 March, Mr Bell's chemotherapy treatment was cancelled as staff were concerned that he not well enough to continue. He would now receive symptom-control care only. Prison staff arranged a do not attempt cardiopulmonary resuscitation order.

29. On the same day, prison staff asked for an update on the consultant's report for the ERCG application, which they were still waiting for. There is no evidence that anyone followed this up with the hospital.

30. On 7 March, Mr Bell's son and daughter-in-law arranged to visit him on 11 March. Due to Mr Bell's deteriorating condition, a prison family liaison officer contacted them and amended the visit to 10 March.

31. At 8.57am on 10 March, healthcare staff identified that Mr Bell had died. Mr Bell was not breathing and had no pulse and there was no movement. Paramedics arrived and confirmed that Mr Bell had died.

Contact with Mr Bell's family

32. The prison's family liaison officer contacted Mr Bell's son and daughter-in-law while they were travelling to the prison and informed them that he had died. The family liaison officer met them on their arrival to offer condolences.

Post-mortem report

33. The post-mortem report concluded that Mr Bell died of carcinomatosis (cancer cells from an original (primary) tumour spread to form tumours throughout the body) caused by adenocarcinoma of oesophagus (oesophageal cancer), with type 2 diabetes mellitus a contributory factor.

Findings

34. The Prison Service has a duty to protect the public when escorting prisoners outside prison, such as to hospital. It also has a responsibility to balance this by treating prisoners with humanity. The level of restraints used should be necessary in all the circumstances and based on a risk assessment, which considers the risk of escape, the risk to the public and takes into account the prisoner's health and mobility. A judgment in the High Court in 2007 made it clear that prison staff need to distinguish between a prisoner's risk of escape when fit (and the risk to the public in the event of an escape) and the prisoner's risk when suffering from a serious medical condition. The judgment indicated that medical opinion about the prisoner's ability to escape must be considered as part of the assessment process and kept under review as circumstances change.

35. On 16 January 2024, Mr Bell attended hospital on an unplanned admission and remained in hospital for a week. Before being transported to hospital an escort risk assessment was completed. In the medical section of the risk assessment, a senior nurse objected to restraints for Mr Bell due to his fractured arm, which required a sling for support. Mr Bell had been assessed as medium risk to hospital staff, the public, and risk of escape, although his conduct during his eight years in prison did little to suggest that this assessment was accurate. It is possible that this assessment meant that prison staff overlooked the nurse's recommendation, as well as Mr Bell's age, long-term health, and the reason for the admission, and instead decided to apply restraints. Although restraints were removed the following day due to Mr Bell's ongoing treatment, the decision to restrain him was not proportionate to his risk or the recommendation of the senior nurse, and the presence of two escorting officers should have been sufficient to manage any risk he might have presented.

36. We are not satisfied that prison staff complied with the High Court judgement or that they fully considered Mr Bell's risk in light of his physical health and the recommendation of the senior nurse. Following the death of a prisoner in July 2023, we identified that the man had been inappropriately restrained in hospital. In response, Stafford said that they would review their risk assessment process to allow the authorising manager to demonstrate consideration of health information in the event of an unplanned admission.

37. While the risk assessment recommended that restraints should not be used, this recommendation was not followed by the authorising manager. It is important that prison staff at Stafford properly consider the prisoner's age, health and mobility when determining the appropriate level of restraints, and when a member of healthcare staff recommends that restraints should not be used then any deviation from this recommendation should be clearly and properly justified.

38. The Operational Security Group in HM Prison and Probation Service has recently undertaken a review of cuffing arrangements during escorts, with particular consideration to prisoners with palliative or end of life care needs, or those who are seriously ill or incapacitated. The findings of this review will be incorporated into a revised Policy Framework and nationally mandated escort risk assessment form. Following publication of these documents, the Operational Security Group will

annually review external escort risk assessments to consider ongoing learning and improvements.

39. In light of these changes to national practice, we do not make a recommendation.

Early release on compassionate grounds

40. Release on compassionate grounds is a means by which prisoners who are seriously ill, usually with a life expectancy of less than three months, can be permanently released from custody before their sentence has expired. A clear medical opinion of life expectancy is required. The criteria for early release are set out in the Early Release on Compassionate Grounds Policy Framework. Among the criteria is that the risk of reoffending is expected to be minimal, further imprisonment would reduce life expectancy, there are adequate arrangements for the prisoner's care and treatment outside prison, and release would benefit the prisoner and his family. An application for early release on compassionate grounds must be submitted to the Public Protection Casework Section (PPCS) of HM Prison and Probation Service (HMPPS).

41. On 14 February, PPCS asked Stafford to forward an up-to-date consultant's report in support of Mr Bell's application for early release, to confirm the diagnosis and provide a prognosis. When Mr Bell died, over three weeks later, this report had not yet been received or submitted. (A report from a hospital consultant, rather than a GP at the prison, is required to support an application for early release.)

42. The Head of Healthcare told us that their request to the consultant was not time-bound for a response. She said that there can be a reluctance from consultants to give a prognosis other than palliative with no curative options, and they often will not commit to a life expectancy. She said staff very often see a significant delay with this part of the ECRG process.

43. We appreciate that cancer patients' condition can sometimes change rapidly, particularly towards the end of their life, and it can therefore be difficult to obtain a timely and accurate prognosis. Nevertheless, over three weeks passed with no letter to support Mr Bell's application and no evidence that anyone chased this with hospital staff. We make the following recommendation:

The Head of Healthcare should discuss with Royal Stoke University Hospital the process for obtaining consultant letters in support of applications for early release on compassionate grounds, to ensure that the necessary evidence is obtained as quickly as possible.

Inquest

44. The inquest into Mr Bell's death concluded on the 25 September 2024. The coroner confirmed that Mr Bell died of natural causes.

Adrian Usher
Prisons and Probation Ombudsman **October 2024**

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